

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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BERTRAM P. BROWN, M.D., Director

## Weekly Bulletin



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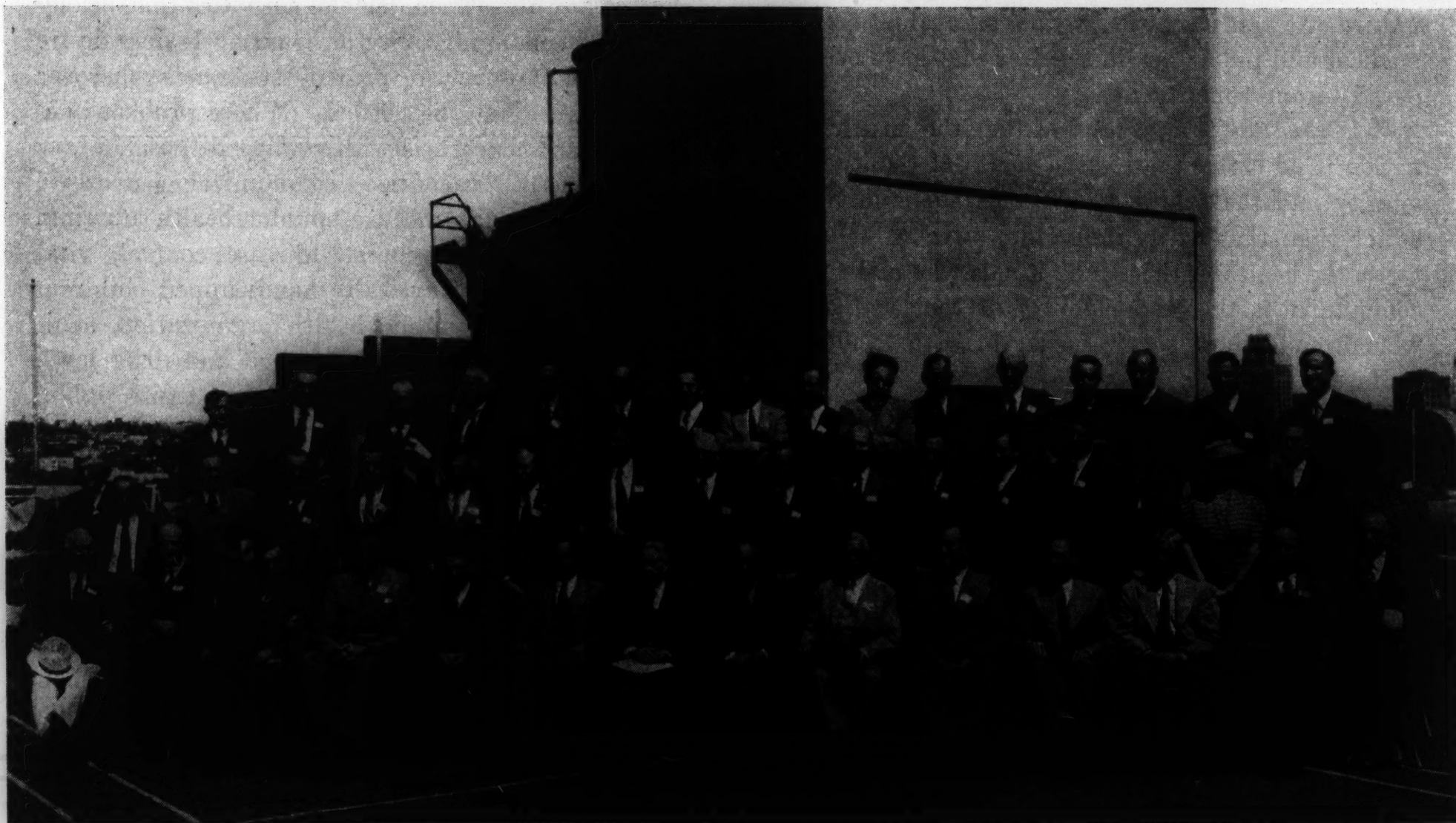
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GUY P. JONES  
EDITOR

## Health Officers Meet at San Diego



Group of California Health Officers With the California State Board of Public Health, San Diego, September 16, 1940

The Department of Health Officers, League of California Cities, held one of its most successful meetings in San Diego September 16-19. Dr. George Parrish, City Health Officer of Los Angeles and President of the Department of Health Officers, presided. An open forum for the discussion of local problems with the State Board of Public Health was a stimulating feature of the opening session. The scientific program, arranged by a committee of which Dr. W. L. Halversen, City Health Officer of Pasadena, was chairman, was of great interest. Dr. Lee A. Stone, Health Officer of Madera County, was elected President for the ensuing year.

## Public Health in 1940\*

By BERTRAM P. BROWN, Director, California State Department of Public Health

At this time, when every effort is directed toward preparations for national defense, the health of the people becomes a matter of first importance. The first World War gave the people of the United States a clear idea of the important part that public health plays in the development of military manpower. The lessons of the first draft in 1917 can not soon be forgotten. Today we are about to learn whether or not the young male adults in our population have fewer physical defects than did those of 1917. There is every reason to believe that the public health and medical services that have been applied during the past twenty years have produced a group of young men who are better fed, better immunized and better trained in health and hygiene than were those of preceding generations. The present emergency is in the nature of a test that will provide an evaluation of the medical and public health services that have been rendered to our constituents.

It is needless to remind you that the health of the nation is no better than is the health of the local community and the health of the local community is no better than that of its individual citizens. Furthermore, the health of those individuals who make up the community is the responsibility of the local officials who provide those services that promote health and welfare.

The local health officer occupies a key position in the national defense program. He is on the first line of defense. Regardless of any state or federal organization of health services, the local health officer is the official who must be first relied upon to provide those public attributes that have to do with the promotion and maintenance of health in the individual. None other can possibly be so well informed on the particular problems that are found in the local community. No one can gauge local public opinion, understand prevailing racial customs and characteristics, perceive variation from normal in social life, sickness and changes in economic conditions better than the man who safeguards the health of the local community. Upon him we must depend for the field work, without which no accomplishments can be made in the advancement of public health.

Fortunately, in California, 25 counties are able to enjoy the services of county health officers who devote

full time to public health, and in ten cities of the state, local health officers are also able to devote full time to their activities. There are many counties and many cities that, so far, have been unable to finance full-time public health services, and they must, because of necessity, depend upon part-time services of their public health employees. In spite of the handicap that such conditions cause, many of the part-time health officers of the state are providing worthwhile services and keeping the people of their communities in good health. To be sure, they are unable to obtain the results that are attained in those communities where employees devote full time to their work, but, nevertheless, their accomplishments are recognized.

The State Department of Public Health has no desire at any time to undertake activities that belong to the local community, city or county. It does desire at all times, however, to provide assistance wherever such assistance may be needed. Where problems encountered are concerned with sewage disposal, water supplies, mosquito control, communicable diseases, child and maternal welfare, public health nursing, tuberculosis control, venereal disease control, vital statistics, relief for physically handicapped children, industrial hygiene, public health organization, sanitary inspection, enforcement of food and drug laws, or the host of other activities that constitute public health administration, the department is at all times ready to assist the local health officer in any activity that has to do with the promotion and maintenance of public health.

Its staff is composed of qualified experts in many lines of work. Upon invitation of any health officer, these expert services are available. The new California State Board of Public Health is composed of men who have had actual and direct experience in public health administration. They have worked in child and maternal hygiene, epidemiology, public health administration, scientific research, clinics, tuberculosis control and other activities that are definitely a part of the public health program. Their experience in this wide diversity of subjects enables them to appreciate problems encountered by local health officers. The board, at all times, stands ready to discuss local problems encountered by health officers, and will endeavor always to provide assistance that may be needed if requested by the local officials.

\*Read before the Department of Health Officers, League of California Cities, San Diego, September 16, 1940.

Under the provisions of the Social Security Act, the state has been given opportunities to assist directly in the granting of local services that heretofore have not been available. The remarkable achievements that have been accomplished recently in communicable disease control, promotion of child and maternal welfare, dental services, relief for physically handicapped children, public health nursing, sanitary inspections, plague control, industrial hygiene services, relief for migratory agricultural laborers, tuberculosis surveys, and other activities, prove the value of the federal contributions to public health in California. Through the assistance that has been given by the Federal Government, the health of Californians has been immeasurably improved. Many communicable diseases have all but vanished. Thousands of infant lives have been saved and crippling conditions of children have been relieved. While most of these activities have to do with the prevention of diseases in children, and the promotion of their health, these services have to a large extent provided safeguards to the health of the adult population.

At the present time, public health authorities are surveying the enormous field that lies in the prevention of degenerative diseases. Surgeon General Parran of the United States Public Health Service has recently called attention to the need for bringing within the public health fold those activities that might have to do with the control of cancer, as well as diseases of the heart and circulatory system. Whether or not we are ready to assume the responsibilities that have to do with these major causes of death is problematical, but it would seem at this time that the extension of the public health field to cover activities that might improve the general health of the adult population is inevitable.

Whatever the requirements of the future may be, I need not remind you that the services of the California State Department of Public Health are available at all times to local health officers in the provision of assistance and in the development of programs that may lead to better achievements whether in time of peace or in preparation for the defense of the country against any foe from without.

#### CYANIDE GAS IN FUMIGATED BEDDING

At the request of the Bureau of Furniture and Bedding Inspection, State Department of Professional and Vocational Standards, tests have been made of fumigated pillows and bedding to determine whether, after fumigation, sufficient quantities of gas remained to constitute a health hazard. The test revealed that no health hazard was involved.

#### VENEREAL DISEASES IN DEFENSE PROGRAM

At its regular meeting held in Los Angeles recently, the California State Board of Public Health directed the Bureau of Venereal Diseases to proceed with plans to coordinate all venereal disease control facilities in the civilian population of the state with activities conducted by the Army and Navy. While extensive venereal disease programs are already being carried on in the civilian population, this expansion involves, particularly, the tightening up of efforts to prevent the infection of enlisted men in areas surrounding military cantonments and naval bases in California.

It means that trained investigators will cooperate with local police departments in locating active cases of syphilis and gonorrhea among commercial prostitutes and in providing treatment.

The program also provides for the expansion of the state-wide key plan for the control of venereal diseases which consists of the maintenance of free clinics for diagnosis and treatment open to the civilian population of the state, laboratories for the performance of blood tests and examination of smears for gonorrhea, epidemiological investigations in the determination of sources of infection and the expansion of all educational facilities.

The areas within which these activities will be intensified are:

- (1) San Diego—Airports and naval bases.
- (2) Riverside—Airport.
- (3) Long Beach, Wilmington, and San Pedro—Naval bases.
- (4) Monterey and Santa Cruz Counties—Army posts.
- (5) San Francisco—Army posts and airports.
- (6) Oakland—Airports.
- (7) Vallejo, Marin and Sonoma Counties—Navy yards, bombing field, and army posts.
- (8) Stockton—Air training field.

Activities in the strengthening of the venereal disease program have already been started in the San Diego and San Francisco areas.

Dr. Bertram P. Brown, Director of the State Department of Public Health, in commenting upon the action of the board, said:

"The prevention and control of venereal diseases is one of the most important activities in preparations for national defense and the State is glad of this opportunity to assist local health officers in the maintenance of areas within which the venereal disease may be kept at minimal incidence. All enlisted men must be free of these diseases in order that they may be thoroughly efficient in handling the nation's defenses, and through the provision of local safeguards against infection, in cooperation with the Army and Navy, it is believed that the program now undertaken will accomplish this important objective."

## MORBIDITY

Complete Reports for Following Diseases for the Week  
Ending September 14, 1940

## Chickenpox

54 cases: Berkeley 1, Oakland 5, San Leandro 2, Contra Costa 2, El Dorado County 2, Los Angeles County 3, Los Angeles 4, Pasadena 3, Santa Monica 1, Hawthorne 1, Madera 1, Orange County 1, Orange 2, Riverside County 1, Sacramento County 2, Sacramento 1, San Diego County 2, San Diego 5, San Francisco 4, San Joaquin County 1, Stockton 1, Santa Maria 3, Santa Clara County 1, Palo Alto 2, Fairfield 1, Santa Rosa 1, Yuba County 1.

## Diphtheria

18 cases: Oakland 1, Delano 1, Compton 1, Los Angeles 4, Mendocino County 1, Corona 1, Riverside 3, San Bernardino County 1, Redlands 1, San Bernardino 1, San Diego County 1, Sonoma County 1, Yolo County 1.

## German Measles

7 cases: Oakland 1, Fresno County 1, Los Angeles 1, Sacramento County 1, San Francisco 1, San Joaquin County 1, Woodland 1.

## Influenza

12 cases: Los Angeles County 2, Los Angeles 6, Beaumont 1, Sonoma County 1, Visalia 2.

## Malaria

4 cases: Sutter County 2, Winters 2.

## Measles

42 cases: Berkeley 1, Oakland 5, Pittsburg 1, Fresno 1, Kern County 1, Lake County 1, Los Angeles County 1, Alhambra 1, Long Beach 1, Los Angeles 2, Montebello 1, Orange County 1, San Bernardino County 4, Chula Vista 1, San Diego 1, San Luis Obispo County 1, Santa Barbara County 7, Santa Barbara 8, Santa Cruz 1, Ventura County 1, Ventura 1.

## Mumps

91 cases: Berkeley 2, Oakland 7, Fresno County 6, Kern County 2, Los Angeles County 7, Long Beach 3, Los Angeles 9, Pasadena 1, Whittier 3, Monterey County 1, Orange County 5, Huntington Beach 2, Santa Ana 2, Sacramento 3, Redlands 1, San Diego 3, San Francisco 6, San Joaquin County 2, Burlingame 1, Daly City 2, Santa Barbara County 4, Santa Barbara 3, Santa Maria 2, Palo Alto 2, San Jose 1, Shasta County 6, Petaluma 1, Trinity County 1, Tulare County 1, Ventura 1, California 1.\*

## Pneumonia (Lobar)

26 cases: Gridley 1, Imperial County 1, Los Angeles County 5, Azusa 1, Los Angeles 4, Pasadena 1, San Fernando 1, Santa Monica 2, Torrance 1, Madera County 2, San Bernardino County 1, San Joaquin County 1, Santa Barbara 1, Sutter County 1, Ventura County 1, Yolo County 2.

## Scarlet Fever

60 cases: Alameda County 1, Berkeley 1, Oakland 3, Butte County 1, Kern County 2, Los Angeles County 4, Alhambra 1, Glendale 1, Los Angeles 6, Pasadena 3, Whittier 1, Gardena 1, Merced County 1, Merced 2, Santa Ana 2, Riverside County 1, Corona 1, Sacramento County 1, San Bernardino County 5, Colton 2, Escondido 1, San Diego 1, San Francisco 3, San Joaquin County 2, San Luis Obispo 2, Daly City 1, Santa Cruz 1, Sonoma County 3, Santa Rosa 3, Ventura County 3.

## Typhoid Fever

10 cases: Los Angeles 2, Pasadena 1, Madera County 1, Colton 1, San Diego 1, San Francisco 1, San Joaquin County 1, San Luis Obispo 1, California 1.\*

## Whooping Cough

234 cases: Alameda County 1, Berkeley 2, Emeryville 2, Oakland 12, Piedmont 1, Contra Costa County 1, Pittsburg 2, Fresno County 2, Kern County 2, Los Angeles County 28, Azusa 1, Burbank 1, El Monte 1, Glendale 1, Huntington Park 1, Long Beach 3, Los Angeles 57, Pasadena 9, Pomona 4, San Fernando 2, South Pasadena 1, Whittier 1, Lynwood 1, South Gate 1, Madera County 5, Merced County 2, Monterey County 14, Orange County 6, Santa Ana 5, Placentia 3, Plumas County 1, Sacramento County 1, Sacramento 2, San Bernardino County 3, Chula Vista 1, Escondido 2, La Mesa 1, National City 3, San Diego 1, San Francisco 27, San Joaquin County 4, Stockton 2, San Luis Obispo County 2, Santa Barbara 2, Santa Clara County 1, San Jose 1, Santa Cruz 1, Sonoma County 1, Visalia 1, Ventura County 2, Santa Paula 1, Ventura 2.

## Meningitis (Epidemic)

One case: Merced County.

\* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

## Dysentery (Amoebic)

4 cases: Fresno County 1, Long Beach 1, Los Angeles 1, San Bernardino County 1.

## Dysentery (Bacillary)

2 cases: San Francisco 1, Tulare County 1

## Poliomyelitis

12 cases: Los Angeles 2, Riverside County 1, San Bernardino County 4, Redlands 1, San Bernardino 1, San Francisco 2, Santa Rosa 1.

## Tetanus

One case: Monrovia.

## Trachoma

2 cases: Madera County 1, Tulare County 1.

## Encephalitis (Epidemic)

11 cases: Butte County 2, Fresno County 1, Fresno 1, Kern County 2, Merced County 1, Tulare County 1, Porterville 1, Visalia 1, Woodland 1.

## Trichinosis

One case: Stockton.

## Food Poisoning

21 cases: Berkeley 4, Madera 7, San Francisco 6, South Gate 2, Santa Paula 2.

## Undulant Fever

8 cases: Piedmont 1, Kern County 1, Los Angeles County 1, Redondo 1, Santa Monica 1, Plumas County 1, Redlands 1, Santa Paula 1.

## Coccidioidal Granuloma

One case: Kern County.

## Relapsing Fever

One case: Tuolumne County.

## Psittacosis

One case: Long Beach.

## Epilepsy

21 cases: Oakland 2, Fresno 1, Los Angeles County 1, Los Angeles 11, San Bernardino County 3, Colton 1, Sonoma County 1, Santa Rosa 1.

## Rabies (Animal)

3 cases: Calexico 1, Hawthorne 1, San Mateo County 1.

## DERMATITIS FROM WRIST WATCH STRAPS

A Turlock jeweler, reporting that one of his customers had developed a skin rash under the strap of a wrist watch which she wore, requested advice on the possibility of other persons being similarly affected. The strap, of synthetic plastic composition, was cut into sections, which were applied as patch tests to the skin of six volunteers. None of these individuals reacted positively to the test patch, indicating that the strap did not contain any primary skin irritants, and that the dermatitis developed by the original wearer had been due to an allergic reaction, which is not uncommon among persons who come in direct and prolonged contact with some of the new synthetic plastics.

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